



## WEST VIRGINIA CONTRACTOR LICENSING BOARD

### **CONTRACTOR LICENSE APPLICATION / AFFIDAVIT**

This application is to be used when applying for a license to perform contracting work in the State of West Virginia.

Upon completion, please return the affidavit and **\$90.00** fee to the

**West Virginia  
Contractor Licensing Board**

State Capitol Complex  
Building 6, Room B-749  
Charleston, WV 25305  
Phone: (304) 558-7890  
[www.wvlabor.org](http://www.wvlabor.org)

**★ READ FIRST ! ★**  
**★ IMPORTANT INSTRUCTIONS ★**

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PLEASE READ EACH QUESTION CAREFULLY AND *PRINT* OR  
*TYPE* YOUR RESPONSES IN A LEGIBLE MANNER.

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FAILURE TO FULLY ANSWER ALL QUESTIONS WILL BE  
SUFFICIENT GROUNDS FOR REJECTION OF THE  
APPLICATION / AFFIDAVIT.

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ENCLOSE A CHECK, CERTIFIED CHECK, CASHIERS CHECK OR  
MONEY ORDER IN THE AMOUNT OF NINETY DOLLARS **\$90.00**  
WITH THIS APPLICATION / AFFIDAVIT. **NO CASH PLEASE**.  
MAKE PAYABLE TO:

**WEST VIRGINIA CONTRACTOR LICENSING BOARD**  
**State Capitol Complex**  
**Building 6, Room B-749**  
**Charleston, WV 25305**  
**(304) 558-7890**

Please read the following instructions carefully prior to filling out your application / affidavit. These instructions refer to the information requested on page 1,2,3 and 4.

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**PAGE 1, SECTION 1: GENERAL INFORMATION ABOUT YOUR BUSINESS**

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This Section is to be used by you to supply the Licensing Board with general information concerning your business. The information requested is generally self-explanatory. However, the last two (2) questions are to be answered in the following manner.....

**Will you start working in West Virginia within ninety (90) days?:**

This means within ninety (90) days from the date your license application is submitted to the Contractor Licensing Board.

**Current or anticipated number of employees working in West Virginia:**

Only list current or anticipated employees in West Virginia. Do not list employees working for you in another state.

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**PAGE 1, SECTION 2: INFORMATION CONCERNING OTHER AGENCIES**

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In this Section, list the numbers requested on the form which apply to your business.

The first number is the **WV Business Registration Tax Number**, which is obtained from the West Virginia State Tax Department. **(304) 558-3333**

The second number is your **Federal Taxpayers Identification Number**. In some cases this number is called a Federal Employers Identification Number. In other instances some businesses use their Social Security number.

The third number is your Unemployment Compensation Number. If you employ a West Virginia resident, this number must be assigned to your business by Workforce West Virginia's Unemployment Compensation Division. **(304) 558-2624 If you do not have any employees mark "No Employees" in the space provided. If ALL of your current or anticipated employees, that will be working in WV reside out-of-state, submit a copy of coverage from your state with this application / affidavit.**

The fourth number is your **Workers Compensation Policy Number**. State law requires employers to obtain Workers' Compensation coverage for its employees in case of a workplace injury. If you employ even one person in West Virginia you are required by law to obtain Workers' Compensation Insurance. **If you do not have any employees mark "No Employees" in the space provided.**

**ELECTION:** The Workers' Compensation Act requires that wages be reported and premiums paid for sole proprietors, partners in a partnership and corporate officers, including Board of Director members. The employer may elect to not report these wages and not provide the benefits and protections of the Workers' Compensation Act for these persons, but failure to inform the Office of the West Virginia Insurance Commissioner of this election makes the employer liable.

**EXTRA-TERRITORIAL COVERAGE:** Certain out-of-state employers who have their permanent employees working in West Virginia only temporarily and who meet other legal tests may be exempt from the requirement to obtain Workers' Compensation Insurance coverage from an insurer licensed in this state. **(Temporarily means working no more than thirty (30) days within a three hundred sixty five (365) day period)**

Employers must apply directly to a private carrier for this insurance coverage. Workers' Compensation Insurance is available from insurers licensed in this state to provide such coverage.

For information regarding available insurers or possible exemptions, contact the **Office of the West Virginia Insurance Commissioner** at **(304) 558-6279**.

### **PAGE 1, SECTION 3: WAGE BOND INFORMATION**

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A wage bond is required in West Virginia for contractors who have not been actively and actually engaged in construction work in West Virginia for at least five (5) consecutive years preceding the completion date of this application / affidavit form. This bond is equal to the total of your gross payroll for four (4) weeks at full capacity or production, plus fifteen (15%) percent for benefits.

However, a wage bond is **NOT** required for contractors who only perform Residential (Single Family Dwellings Only) contract work, or for firms who have been actively engaged in construction work in West Virginia for at least five (5) consecutive years preceding the completion date of this application / affidavit.

If this section does not apply to you, simply mark the **"NOT APPLICABLE"** category. If this section does apply to you, mark the **"APPLICABLE"** category and answer the other questions in this section.

**If you are required to obtain a wage bond, contact the West Virginia Division of Labor at (304) 558-7890 Ext. 162.**

**The wage bond affidavit **MUST** be filled out and notarized regardless if you are posting a bond or not. This must be submitted with this application / affidavit.**

### **INSTRUCTIONS FOR PAGES 2, 3 and 4**

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If your business is a Corporation, General Partnership, Limited Liability Company, Limited Liability Partnership or Limited Partnership answer the applicable questions on page 2.

If your business is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership you must obtain a Certificate of Authority from the Secretary of State, **(304) 558-8000**, before your application can be processed.

Then turn to page 3 and sign as requested to attest to the information you have given in this application / affidavit by signature and notarization.

You must complete page 4 listing the name(s) and social security number(s) of the person(s) who tested to qualify your company. Mark the appropriate exams that were taken. The person(s) must submit a notarized statement, with this application, allowing the use of his or her test scores to qualify this applicant.





**VERIFICATION STATEMENT**

The person or firm whose name appears on this application / affidavit certifies compliance with WV Business Registration Tax provisions and is registered and in compliance with Workers' Compensation, Unemployment Compensation and the Wage Bonding Law, if applicable.

The undersigned hereby represent(s) that the forgoing statements and answers are true and correct to the best of his / her knowledge, information and belief.

**IF A SOLE PROPRIETORSHIP (INDIVIDUAL) . . .**

Print or type name of owner here \_\_\_\_\_

\_\_\_\_\_  
(Signature of Owner) (Date)

**IF A GENERAL, LIMITED OR LIMITED LIABILITY PARTNERSHIP . . .**

Print or type partner name here \_\_\_\_\_

\_\_\_\_\_  
(Signature of Partner) (Date)

**IF A CORPORATION . . .**

Print or type name and title here \_\_\_\_\_

\_\_\_\_\_  
(Signature of Corporate Officer) (Date)

**IF A LIMITED LIABILITY COMPANY OR P.L.L.C. . . .**

Print or type name of owner here \_\_\_\_\_

\_\_\_\_\_  
(Signature of Owner) (Date)

**AFFIDAVIT**

STATE OF \_\_\_\_\_ County of \_\_\_\_\_

Subscribed and sworn to before me, the undersigned Notary Public, in and for the State or County

aforesaid this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_. My Commission

expires the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

**THIS PAGE MUST BE COMPLETED**

Please indicate the exam(s) you have taken and passed by placing an X in front of the exam category.

**\*Specialty Contractors** who took the Business & Law Exam only, please list the type of work performed by your company.

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\_\_\_\_\_ Business & Law

**Contractor License Exams**

|   |  |
|---|--|
| _____ Electrical Contractor                     | _____ Concrete                             |
| _____ General Building Contractor               | _____ Excavation                           |
| _____ General Engineering Contractor            | _____ Manufactured Home Installation       |
| _____ Heating, Ventilating & Cooling Contractor | _____ Masonry                              |
| _____ Multi-Family Contractor                   | _____ Remodeling & Repair Contractor       |
| _____ Piping Contractor                         | _____ Sprinkler & Fire Protection          |
| _____ Plumbing Contractor                       | _____ Steel Erection (Structural Steel)    |
| _____ Residential Contractor                    | _____ Utilities (Sewer & Water) Contractor |

Please list the name(s) and social security number(s) of the person who tested for your company:

Name: \_\_\_\_\_ S.S. #: \_\_\_\_\_ Exam Date: \_\_\_\_\_

Name: \_\_\_\_\_ S.S. #: \_\_\_\_\_ Exam Date: \_\_\_\_\_

**If the person/s who tested is not an Owner, Partner or Corporate Officer of the company, payroll records must accompany this application / affidavit. The person/s taking the exam to qualify your company must be a full-time employee at the time of testing and renewal. The person/s must submit a notarized statement, with this application, allowing the use of his or her test scores to qualify this applicant.**

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**NOTICE**

When you provide a check as payment, you authorize us to make a one-time electronic fund transfer from your account or to process the payment as an image transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn the same day you make your payment and you will not receive your check back from your financial institution.

**PRIVACY NOTICE**

The Division of Labor processes your personal information for appropriate and customary business purposes. Your personal information may be disclosed to other State agencies or third parties in the normal course of business as needed to comply with State or Federal laws. If you have any questions about the Division of Labor's use of your personal information or would like a copy of the Division's complete privacy notice, please contact the Webmaster, Robert Bryant at [Robert.L.Bryant@wv.gov](mailto:Robert.L.Bryant@wv.gov) or the Division's Privacy Officer, John Junkins at [John.R.Junkins@wv.gov](mailto:John.R.Junkins@wv.gov).

**THIS PAGE IS FOR BOARD USE ONLY**

|                |  |               |
|----------------|--|---------------|
| License Number | Money Order #: _____<br>Check #: _____<br>Amount: \$ _____ | Date Received |
|----------------|--|---------------|



# Wage Bond Status Affidavit

West Virginia Division of Labor  
Capitol Complex, Building 6, Room 749B  
Charleston, WV 25305

Phone (304) 558 7890  
Fax (304) 558 3797  
<http://www.wvlabor.org>



\_\_\_\_\_ (Company Name) \_\_\_\_\_ (dba Name)

\_\_\_\_\_ (Street Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

|                  |  |         |  |
|------------------|--|---------|--|
| Project Location |  |         |  |
| FEIN OR WV TAX # |  | PHONE # |  |

Type of business: Construction \_\_\_\_\_ Mining \_\_\_\_\_ Transportation of Minerals \_\_\_\_\_

One of the following two sections must be fully completed by the individual or company submitting the affidavit.

**BOND EXEMPTIONS**  
(Check if Applicable)

Work is limited to single family dwellings and/or family farming enterprises

No current employees

Subcontracts all work

Permit Holder Only

Owner Operator / Sole Prop.

If no boxes were checked above, you must complete the box to the right.

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**Has your company been ACTIVELY engaged in business in West Virginia with employees for the past five (5) consecutive years?**

YES: If you have not maintained an unemployment account with Workforce WV for the last five consecutive years, verification may be required.

NO: State gross amount of payroll for four (4) weeks plus 15% at FULL CAPACITY or PRODUCTION: \$ \_\_\_\_\_ covering a total of \_\_\_\_\_ employees working in West Virginia.

**If operations have not yet begun:**  
Indicate anticipated start date: \_\_\_\_\_

Expected gross amount of payroll for four (4) weeks plus 15% at FULL CAPACITY or PRODUCTION: \$ \_\_\_\_\_ covering a total of \_\_\_\_\_ employees working in WV.

I \_\_\_\_\_ as \_\_\_\_\_  
(print name of owner, partner, member or corp officer) (enter title)

of the above named entity understand that it is my responsibility to increase my wage bond whenever my workforce increases and that failure to maintain an adequate wage bond may result in administrative and/or criminal action.

\_\_\_\_\_ (signature of authorized representative) \_\_\_\_\_ (date)

Taken, subscribed, and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_ (Notary Public Signature) My commission expires \_\_\_\_\_